**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/238,950
Filing Date	January 27, 1999
First Named Inventor	Wayne Breda
Group Art Unit	3632
Examiner Name	K. Wood
Attorney Docket Number	06087.00003

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

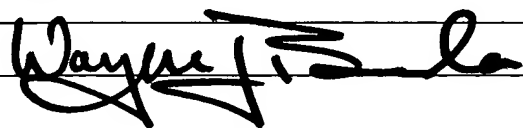
☒ Please change the correspondence address for the above-identified application to:☒ Customer Number 22908Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Charles W. Shifley				
Address	Banner & Witcoff, Ltd.				
Address	10 South Wacker Drive, Suite 3000				
City	Chicago				
Country	USA	State	Illinois	ZIP	60606
Telephone	312-715-1000	Fax	312-715-1234		


I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Wayne J. Breda
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/238,950
Filing Date	January 27, 1999
First Named Inventor	Wayne Breda
Group Art Unit	3632
Examiner Name	K. Wood
Attorney Docket Number	06087.00003

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

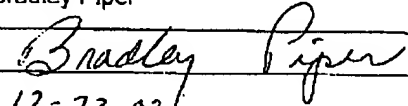
☒ Please change the correspondence address for the above-identified application to:☒ Customer Number 22908Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Charles W. Shifley				
Address	Banner & Witcoff, Ltd.				
Address	10 South Wacker Drive, Suite 3000				
City	Chicago				
Country	USA	State	Illinois	ZIP	60606
Telephone	312-715-1000	Fax	312-715-1234		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Bradley Piper
Signature	
Date	12-23-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.